

**STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

**REQUEST FOR APPLICATIONS (RFA) FOR HEALTH ENHANCEMENT COMMUNITY
INITIATIVE: REFERENCE COMMUNITIES**

THIRD Addendum

RELEASE DATE – 03-05-2018

The SIM PMO's official responses to questions submitted as of 3pm, March 5, 2018 are as follows:

1. **Question:** Is a single city large enough area to be the focus for a grant or must proposals focus on a broader geographical area up to county level?
2. **Response:** Collaboratives eligible to apply must have an established regional geographic service area with boundaries no larger than a county. This means that collaboratives targeting a single city are eligible to apply.
3. **Question:** The RFP references the Lead Agency will be expected to commit to "Remain actively engaged as the lead organizing entity...this includes: Commit dedicated personnel to work on this effort..." As a Collaborative, we have identified personnel within an agency other than the Lead Agency who would serve as the Project Coordinator. The Lead Agency/Applicant would absolutely remain actively engaged and continue to have personnel dedicated for the Collaborative but would sub-contract with this agency for the dedicated Project Coordinator for this project. Is this an acceptable plan/use of funds?

Response: The Lead Agency may subcontract to another organization or consultant for the coordination functions that are detailed in the RFP.

4. **Question:** The RFP says that allowable costs include "Meeting and workshops aids, etc." Can you please provide detail as to what is envisioned/allowable? As a Collaborative, we are looking to hold a series of capacity building workshops focused on the Social Determinants of Health and root cause interventions for Collaborative members. Would the expense of contracted trainers/facilitators, room fees, etc. for these be allowed?

Response: The allowable expenses are only those that pertain directly to the scope of work established in the HEC RFP and resulting contract. Expenses that are a routine part of the collaborative's work or were planned for previously are not allowable costs.

5. **Question:** What level of community/resident participation is expected?

Response: Community resident engagement and participation is critical to creating a Health Enhancement Community initiative that meets the needs of those living in the Community. This may take the form of focus groups, listening sessions, town hall meetings, surveys or participation in discussions with the collaborative. It is anticipated that the contracted reference community/collaborative and the HEC consultant will collaborate to establish a mutually agreeable level of community/resident participation sufficient to support the planning objectives.

6. **Question:** The table in the RFP that details the Framework to be followed “If your Collaborative were to enter into this demonstration...” references a process to assess and pick health outcome priorities. Our Collaborative completed an assessment and prioritization process in 2016 and we have been actively working to address the health problems we prioritized as a community. We are currently beginning to collect refreshed data to inform a second round of assessment and prioritization to be completed in 2019. If we are selected as one of the Reference Communities, will we be expected to accelerate this timeline and/or repeat activities we have already undertaken? Or can the assessment and prioritization work to be done through this project be focused on root causes/social determinants that contribute to our previously prioritized health outcomes, rather than on the specific health outcomes themselves?

Response: Work that has been completed by the collaborative on any of the themes in the framework, including the health outcome priorities, will be leveraged and not repeated for this process. The statement, “If your Collaborative were to enter into this demonstration...” asks the collaborative to consider how their chosen priorities, or other work they have done, might change if they were to enter into a Health Enhancement Community demonstration, described in the narrative preceding the table. We would encourage reference communities to re-assess their prioritized health outcomes based on the potential opportunities afforded by a demonstration and the additional information presented to the reference community by the HEC consultant. Similarly, we would encourage contractors to consider whether their chosen methods, source of funds, or the scope and scale of their proposed activities, might change in the context of a demonstration.

7. **Question:** What is envisioned as the next step for selected Reference Communities at the end of this funding period (September)? Will the cost-sharing opportunities follow soon? Will access to the cost-sharing opportunities be through a second RFP?

Response: The planning that will be under taken pursuant to this solicitation will inform a design proposal for a multi-payer demonstration. If the State elects to proceed with a multi-payer demonstration, it is unlikely to begin prior to 2020.